

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

05cv303

IVAN H. MENDER

(Enter above the full name of the plaintiff in this action)

v.

DELAWARE CORRECTIONAL CENTER

(Enter above the full name of the defendant(s) in this action)



I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?

YES ☒

NO ☐

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs AS ALL OF YOU KNOW IT ALL VERY WELL DETAILED

Defendants _____

2. Court (if federal court, name the district, if state court, name the county)

3. Docket Number

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

THEY NEVER ANSWERED ME

6. Approximate date of filing lawsuit SINCE WHEN I WAS A S.S.I. IN GEORGETOWN DELAWARE

7. Approximate date of disposition

II. A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐

B. Did you present the facts relating to your complaint in the state prisoner Grievance procedure: YES ☒ NO ☐

C. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW VERY DETAILED

2. What was the result? MORE WORSE THE ABUSES AGAINST MYSELF

D. If your answer is NO, explain why not

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES ☒ NO ☐

F. If your answer is YES,

1. What steps did you take?

2. What was the result? MORE WORSE ALL OF THE ABUSES AGAINST MYSELF

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff T. J. H. MENDOZA

Address DELOWARE CORAL CENTER 181 PADDOCK RD. SMITHLAND DELAWARE

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions and place of employment of any additional defendants.)

B. Defendant _____ is employed as _____

_____ at _____

C. Additional Defendants _____

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments. Or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

FOR ALL OF THE PHYSICAL, VERBAL, EMOTIONAL, PSYCHOLOGICAL AND IN MANY OTHER
WAYS ABUSES AND DISCRIMINATION THAT I HAVE BEEN VICTIM OF AS YOU KNOW IT
ALL VERY WELL DETAIL

V. Relief

(State briefly exactly what you want the courts to do for you. Make no legal arguments.
Cite no cases or statutes.)

Suitor for all of the physical, sexual, emotional, psychological and in many
other ways abuses and discrimination that I have been victim of, now that some got caught
again on the video cameras tape recorded from 11/17/03 to 05/17/04 where you can see it all
and hear every single word

Signed this eighteen day of may, 2005.

Tyral h. Mendez

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

05/18/05
Date

Tyral h. Mendez

(Signature of Plaintiff)

SB 1000 54 00 UNITS JUL 23
DELAWARE CORRECTIONAL CENTER

058613

AX-19

2005

WILLINGTON DE 1985

UNITED STATES DISTRICT COURT

844 N. KING ST. LOCKBOX 18

Wilmington Delaware

19901-3570

U.S.A